

45145 W. Madison Ave. P.O. Box 610 Maricopa, AZ 85239 Ph: 520.568.9098 Fx: 520.568.9120 www.maricopa-az.gov

PLANNING AND ZONING COMMISSION APPLICATION FORM

Thank you for your interest in volunteering for the City of Maricopa. With this application, please attach an up-to-date **résumé** and/or **cover letter** about yourself. Please fill out the following form and return it to the City Clerk by one of the following means:

Email - Fax - Questions

Email: vanessa.bueras@maricopa-az.gov
Fax: 520-568-9120
Questions?: 520-316-6971

By Mail

City Clerk City of Maricopa P.O. Box 610 Maricopa, AZ 85139

In Person

City Clerk City of Maricopa 45145 West Madison Avenue Maricopa, AZ 85139

Contact Information										
Name:										
Address:										
City, State, ZIP:										
E-mail:										
Home Phone:		Work Phone:		Cell Phone:						
General Information										
Are you applying based on a request from a member of City Council?		Yes	No	If so, please indicate which Council member below						
Briefly tell us about your experience AND education:										
Briefly tell us why y to serve on this con	ou want nmittee:									





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When are you av								
Are you a registered voter in Maricopa?		incorpora		incorporated lin	ed within Maricopa's ed limits for at least one year?		No	
Have you serve boards, comm committees, or ta the past	issions, sk forces in _							
If so, please PLEASE NOTE T CAN ONLY SERV BOARD OR COMI	THAT YOU VE ON ONE MITTEE AT							
Have you ever bee from any elected so, why	body, and if							
Please indica	te any knowle	edge and ex	perience in the	e areas below				
☐ Real Esta	te	☐ Escrow/Title Services		Services	☐ Environmental Engineering			
□ Law		☐ Land Use Planning			☐ Past experience on city/town			
☐ Architecture		☐ Land Development			Council			
		☐ Landscape Architecture			☐ Citizens Leadership Acade			
☐ Hydrology ☐ Economics		☐ Civil Engineering☐ Land Surveying			experience			
					☐ Public Administration			
☐ Board of	Adjustments				Other			
Please give s	pecific details	s of your kr	owledge and e	experience below				
Signature of Applicant:					Date:			

FOR OFFICE USE ONLY Application Received On: